

CHAPTER 3

SECTION 1.4

ASSISTANT SURGEONS

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I. DESCRIPTION

An Assistant Surgeon is a physician, dentist, podiatrist, certified physician assistant, or certified nurse midwife acting within the scope of their license who actively assists the operating surgeon in the performance of a covered surgical service. Physician assistants are also recognized as assistant surgeons. Refer to [Chapter 13, Section 2.5](#) for information regarding reimbursement of physician assistants performing as assistant surgeons.

II. POLICY

NOTE: The following "POLICY" remains in effect until implementation of TRICARE Claimcheck. Upon implementation of TRICARE Claimcheck, and only for claims subject to TRICARE Claimcheck, the appropriate reimbursement methodology will be applied in conjunction with TRICARE Claimcheck auditing guidelines. TRICARE Claimcheck identifies three categories of assistant surgeons: an assistant is ALWAYS acceptable, SOMETIMES acceptable, or NEVER acceptable. For those cases identified as SOMETIMES acceptable, the guidelines in [paragraph II.A.](#) of this section are to be followed. Otherwise, except as provided in [paragraph II.A.](#) of POLICY CONSIDERATIONS and EXCEPTIONS below, claims for assistant surgeons do not need to be reviewed.

A. Benefits are allowed only when the assistant surgeon is considered medically necessary. The medical necessity requirement is met when:

1. The surgical procedure is of the such complexity and seriousness as to warrant an assistant surgeon. The assistant surgeon's services must be of the type that cannot be accomplished by operating room nurses or other such operating room personnel.

2. Interns, residents or other hospital staff are not available to provide the surgical assistance.

- a. The operating surgeon must certify in writing to the nonavailability of a qualified intern, resident, or other hospital physician. Use of modifier -82 for the assistant surgeon's services is acceptable for this purpose.

- b. In lieu of the operating surgeon's certification, the contractor may maintain an annually updated list of hospitals that have certified that they do not have internal staff

available at any time to perform the services of assistant surgeons. When a claim from an assistant surgeon is received for services performed at such a hospital, the contractor may note on the form such wording as, "certification of nonavailability of assistants is on file". The claim may then be adjudicated as usual.

c. Contractors must not rely on listings of postgraduate medical training programs to determine whether physicians in training are available to provide surgical assistance.

d. For Assistant surgeon resource sharing claims, the operating surgeon must certify in writing on each individual claim that a qualified inter, resident, or other hospital physician was not available to assist for the surgery being billed. Contractors shall not maintain a list of military hospitals certifying that they do not have internal staff available to perform the services of an assistant surgeon.

e. The following special circumstance require that a claim be reviewed to determine medical necessity (even if TRICARE Claimcheck indicates an assistant surgeon is acceptable).

(1) The surgery was performed by a team of surgeons and/or if multiple assistant surgeons were involved, or

(2) The assistant surgeon is in partnership or practice with the primary surgeon.

B. See [Chapter 13, Section 3.7](#) for reimbursement guidelines for assistant surgeons.

III. POLICY CONSIDERATIONS

A. A coexisting illness, condition or other complicating situation may necessitate the service of an assistant surgeon for a procedure that is generally not considered complex or serious enough to warrant an assistant. Such claims must be reviewed on a case by case (i.e.; individual) basis in order to determine medical necessity.

B. Hospital requisites and/or the operating surgeon's personal opinion do not necessarily constitute or indicate medical necessity.

C. If the assistant surgeon's services are of the type that can be accomplished by operating room nurses or other such operating room personnel, the services of an assistant surgeon would not be payable.

D. Related issuances.

1. [Chapter 8, Section 2.1](#) - PODIATRY
2. [Chapter 10, Section 2.9](#) - CERTIFIED NURSE MIDWIFE
3. [Chapter 10, Section 2.10](#) - CERTIFIED PHYSICIAN ASSISTANT
4. [Chapter 13, Section 2.5](#) - REIMBURSEMENT OF PHYSICIAN ASSISTANTS

5. [Chapter 13, Section 3.7A](#) - ASSISTANT SURGEONS

IV. EXCEPTIONS

A. When assistant surgeons are used for Percutaneous Transluminal Coronary Angioplasty (PTCA), (CPT procedure codes 92982 and 92984) or Percutaneous Transluminal Coronary Atherectomy (CPT procedure codes 92995 and 92996), benefits may be allowed when criterion A.2. above has been met.

B. Regardless of the complexity or seriousness of the procedure, benefits are not allowed for standby assistant surgeons who do not provide an active service (refer to this [Chapter 3, Section 17.1](#)).

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